FEB 18 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

808

File No. .....

Registered No. 53

1. PLACE OF DEATH

County Greene

Township Springfield

City (No. 2313 N. Prospect St., Ward)

Registration District No. 366

Primary Registration District No. 2041

2. FULL NAME Opal Armenta Austin

(a) Residence. No. 2313 N. Prospect St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 1921

7. AGE: Years 9 | Months 0 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Lawrence O. Austin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lovie Bradley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Lawrence O. Austin
(Address) Springfield, Mo.

15. FILED 1-31, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-20-1930

17. I HEREBY CERTIFY, That I attended deceased from 7-30, 1929, to 1-20, 1930, that I last saw h. alive on 1-19, 1930, and that death occurred, on the date stated above, at 7:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rheumatic fever (Chronic)
92 A
93 C
70 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic endocarditis, myocarditis, adhesive pericarditis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED General anasarca, gangrene of legs and feet.

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Lerbum Burnick, M. D.

1-21, 1930 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenlawn | DATE OF BURIAL: 1-21-1930

20. UNDERTAKER J. W. Klingner & Co | ADDRESS Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

261

37